P1U/SB/1/ (10-07)
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Uncler the Pisperwork Reduction Act at 1995 no persons are required to respond to a collection of intermation unless it displays a valid CMB control in Limber Effective on 12/08/2004, Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/670,319 FEE TRANSMITTAL Filing Date September 28, 2003 For FY 2008 First Named Inventor Martin Weiser Ollinh P. Nguyen Examiner Name Applicant claims small entity status. See 37 CFR 1.27 Art Unit TOT AL AMOUNT OF PAYMENT 1270.00 Attorney Docket No. H0004362,35587 US -4018 METHOD OF PAYMENT (check all that apply) Credit Card JMoney Order None I Other (please identify): Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) √ Credit any overpayments under 37 CFR 1.16 and 1.17 WART-LIKE: Information on this form may become public. Credit card information should not be included on this form, Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. B ASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 210 255 105 Design 210 105 100 130 50 65 P lant 210 105 310 155 160 80 R.cissuc 310 155 510 255 620 310 P ravisional 210 105 0 **EXCESS CLAIM FEES** Small Entity Fou (\$) Fee (\$) Fees Description Each claim over 20 (including Reissues). 50 Each independent claim over 3 (including Reissues) ..... - --- 210 --105 Multiple dependent claims 370 185 Tortal Claims Fee Paid (\$) Extra Claims **Multiple Dependent Claims** Fee (\$) - 20 or HP = Foe (\$) Fee Paid (\$) HED shighest number of total claims paid for, if greater than 20 Inchep, Claims Extra Claims Fee (S) Fee Paid (\$) HP= = highest number of independent claims paid for, if greater than 3. A.PPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 5 O sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof **Total Sheets** Fee Paid (\$) /50 = \_\_ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late (filling surcharge): 2 month Extension and BCE 1270.00 SUBMITTED BY Registration No. 46,264 Signall\_re Telephone 949-224-6282 Name (Print/Type) Sandra P. Thompson Date 12

This cof: tection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by three USPTO) to process) an application. Confidentisity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gallering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the Sential of line you regire to complete this form endor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent, and Tray denset, Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1450.

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